

VEIN SCREENING FORM

Date: _____ Appt Time: _____ Screening Provider: _____

Name: _____ Primary Care Physician: _____

DOB: _____ Sex: M F Insurance Provider: _____

I. Vascular History

Do you have or have you ever been diagnosed with:

- Varicose vein problems Y N Leg: R L
- Phlebitis (redness/tenderness of vein) Y N Leg: R L
- Blood clots Y N Leg: R L
- Deep vein thrombosis (DVT) Y N Leg: R L
- Saphenous vein reflux Y N Leg: R L

Do you experience any of the following in your leg(s):

- Aching/pain Y N Leg: R L
- Heaviness Y N Leg: R L
- Tiredness/fatigue Y N Leg: R L
- Itching/burning Y N Leg: R L
- Swelling Y N Leg: R L
- Cramps Y N Leg: R L
- Restless legs Y N Leg: R L
- Throbbing Y N Leg: R L
- Skin or ulcer problems Y N Leg: R L
- Other: _____ Y N Leg: R L

Which of the following do you currently do to improve your leg vein symptoms:

- Medication for pain Y N What? _____
- Elevation of the legs Y N What? _____
- Wear support hose Y N What? _____

II. Family History

Do any of your family members have:

- Varicose veins Y N Who? _____
- Vein stripping Y N Who? _____
- Blood coagulation disorder Y N Who? _____
- Blood clots Y N Who? _____
- Stroke, heart attacks, or pulmonary emboli Y N Who? _____

III. Vein Treatment History

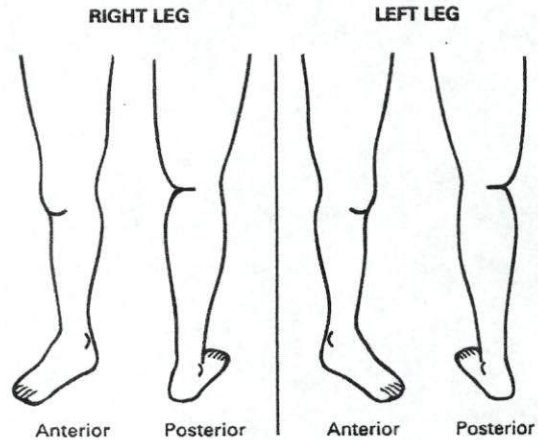
Have you ever been treated for varicose veins with:

- Sclerotherapy Y N Leg: R L
- Laser therapy (spider veins) Y N Leg: R L
- Phlebectomy Y N Leg: R L
- Vein stripping surgery Y N Leg: R L
- RF ablation (Closure®) Y N Leg: R L

IV. Personal Activities List

- Does your work require
 - Prolonged standing periods Y N
 - Prolonged sitting periods Y N
- Do you exercise regularly Y N
- Do you smoke Y N
- Pregnancies Y N How many? _____

V. Vein Screening (to be completed by screening provider)



Physical Exam:

CEAP Clinical Signs:

RIGHT LEG (check all that apply)

- No signs of venous disease
- Visible varicose veins
- Pigmentation
- Healed ulcers
- Spider veins
- Edema
- Active ulcers

LEFT LEG (check all that apply)

- No signs of venous disease
- Visible varicose veins
- Pigmentation
- Healed ulcers
- Spider veins
- Edema
- Active ulcers

Clinical Assessment:

- Chronic venous insufficiency R L
- Other: _____ R L

Treatment Plan:

- Duplex ultrasound R L
- Sclerotherapy R L
- Medical compression stockings R L
- Other: _____ R L

Notes:

Screening Provider Signature: _____

Follow-up Appointment:

Date: _____ Time: _____

Physician: _____

Physician Phone Number: _____